City of San Jose Healthy Neighborhoods Lifestyle Survey
For Staff Serving Children 5 to 9 Years Old - FY 2009-10
Agency Name—Program Identification (Opt.)

Today's Date: _____ Staff Member's Name_____

Please fill in **your program participant's** birth date: Month _____ Day _____ Year _____

Please give us the initials of **your participant's** name: First Initial ___ Last Initial ___

1. How many additional caring and supportive adults is this participant connected to because of your efforts? (If the participant lost some adult connections you can use a negative number) _____

Please put an X in the box that describes your opinion of the GROWTH in your participant's level of meaningful expectations and participation at home, school, and the community because of your efforts.

2. Growth in Level of Expectation	A lot	Some	None	Worse	3. Growth in Level of Participation	A lot	Some	None	Worse
At Home					At Home				
At School					At School				
In Community					In Community				

Please put an X in the box that best describes this child's health today, mental and physical:

4. This child's health overall is:

☐ Poor ☐ Fair ☐ Good ☐ Excellent

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program..." (Check or "X")	**Better**	**Worse**	**The Same**	**Don't Know**
5. Due to our program, this child is doing his/her schoolwork:				
6. Due to our program, this child gets along with adults:				
7. Due to our program, this child learns new things:				
8. Due to our program, this child's confidence in him/herself is:				
9. Due to our program, this child gets along with other children:				
10. Due to our program, this child's ability to stay safe is:				
11. Due to our program, this child can interact with new people of all ages, both young and old:				
12. Due to our program, this child is practicing healthy habits:				
13. Due to our program, this child knows who to ask about staying healthy:				

17. Please indicate level of client participation in your service on a scale from 5 to 1? ___
(5 = Very High, 4 =High, 3 = Average, 2 = Low, 1 =Very Low)